

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
FILED MAY 17 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18762
State File No. 4134
Registrar's No.

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5201 Quincy
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community life
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5201 Quincy
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Caroline Nuttli
3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 4
year 1946 hour 11 minute P. M.
21. I hereby certify that I attended the deceased from May 3rd, 1946, to 1946,
that I last saw her or alive on May 3rd, 1946
and that death occurred on the date and hour stated above.

4. Sex female / 5. Color or race white
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Nicholas 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. 19 1967
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage
Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

8. AGE: Years 79 Months 2 Days 15
If less than one day hr. min.

PHYSICIAN
Major findings:
Of operations.....
Of autopsy.....
Underline the cause to which death should be charged statistically.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation at home

MOTHER FATHER {
11. Industry or business.....
12. Name Peter Mack
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Runke
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Kleb
(b) Address 5201 Quincy
17. (a) Burial (b) Date thereof 5-8-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury 1

18. (a) Signature of funeral director JOHN L. Ziegenhein & Sons
(b) Address 7027 Gravois Ave
19. (a) MAY 7 1946 (b) J. Bredenk
(Date received local registrar) (Registrar's signature)

23. Signature O.D. Meyer, M.D. (M. D. or other)
Address 6029 S. Kingshighway Date signed 5/6/46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed

W. J. Peterson

Licensed Embalmer No.

3767

P. O. Address

Cleveland, Ohio

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.